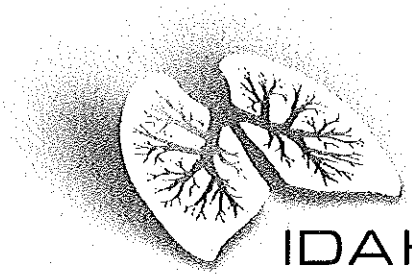

IDAHO PULMONARY ASSOCIATES

PULMONARY DISEASES | CRITICAL CARE | SLEEP DISORDERS

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William G. Bergquist, M.D

Joseph J. Crowley, M.D.

William J. Dittrich, M.D.

N. John East, M.D.

Brian W. Goltry, M.D.

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Linda J. Gould, MS, FNP

Debra J. Mercy, MS, CRNP

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Phone (208) 323-0031
Fax (208) 323-0064

Boise Hartman Building Clinic
1075 N. Curtis, Suite 200
Boise, ID 83706

Meridian Clinic & Sleep Lab
2347 E. Gala Street
Meridian, ID 83642

June 16, 2009

Idaho State Department of Health and Welfare
Idaho Medicaid Program
Pharmacy and Therapeutics Committee
3232 Elder Street
Boise, Idaho 83705

Dear Committee,

I would like to take opportunity to address an issue that has deleteriously impacted the efficiency and efficacy of a busy pulmonary practice in Boise, Idaho. Idaho Pulmonary Associates is the largest pulmonary group in Idaho, if not in the Northwest, consisting of 14 physicians who are board certified in internal, pulmonary, critical care and sleep disorder medicine. As such, our practice is responsible for the evaluation and treatment of the vast majority of all significant lung pathology to include consultative services for literally all critically ill patients who require intensivist care for St. Alphonsus, St. Luke's, and both LTACs.. Due to the highly specialized nature of our practice, patients are referred to us by other providers, many of whom are specialists in their field and have exhausted most avenues of treatment for patients who endure intractable lung diseases such as COPD; (e.g. emphysema, chronic bronchitis, interstitial lung disease) and severe persistent asthma.

As you are aware, pharmacologic therapy is essential to prevent and control asthma and COPD symptoms in hopes to improve quality of life, reduce the frequency and severity of asthma and COPD exacerbations, and reverse airflow obstruction. Unfortunately, our patient population consists of patients who have significantly advanced lung disease. In patients with more advanced lung disease; (usually classified as an FEV1 <50% predicted), there is evidence that the number of exacerbations per year and the rate of deterioration in health status can be reduced by inhaled corticosteroids in COPD and asthma. The largest effects in terms of exacerbations and health status are seen in patients with an FEV1 <50% predicted, where combining treatment is clearly better than either component drug used by itself. Patients with chronic obstructive pulmonary disease (COPD) frequently experience acute exacerbations of their disease, which may produce respiratory failure and a possible need for ventilatory support and in some cases is the major cause of death.

An integral component of treatment for these patients in particular, is the long acting beta-agonists and inhaled corticosteroids (e.g. Advair and Symbicort). By the time, the pulmonologist is involved in the active management of these patients; they have tried and failed multiple treatment regimens and virtually all require the top tier medication in terms of strength and efficacy for their disease.

As a pulmonology practice, it is our opinion that the preauthorization requirement for Advair should be waived. The clinical indications are incontrovertible; however, in our practice, the frequency and duration in which our medical assistants spend obtaining preauthorizations for drugs and procedures that the patient undoubtedly needs and should benefit from is monumental. The time spent away from patient care significantly contributes to loss of productivity, patient dissatisfaction, loss of critical interaction with patients and overall frustration.

It is our desire to provide the highest quality of care to our patients and community; therefore, compelled to plead with the committee for this consideration to waive preauthorization for Advair. We are confident that we can rely on your objectivity, empathy and compassion which are some of the qualities that inspired most of you on the committee to dedicate your lives to the care of the sick and injured.

Sincerely,

George Thomas, MPA, PA-C
Clinic Operations Director
Idaho Pulmonary Associates

A TO Z FAMILY CARE
"A Medical Partner in your Health"

Janice Carter, FNP

P.O. Box 1537
Twin Falls, ID 83303
Phone: 208-733-9697
Fax: 208-733-3197

Idaho Medicaid
3232 Elder St.
Boise, Id 83705

May 27, 2009
To Whom It May Concern:

I'm writing this letter requesting that Advair not require a pre-authorization or at the very least preferred status. There are number of children on Advair. And it has an a indications to age 4 where as Symbicort is only indicated to age 12 years. As a practitioner, I'm not comfortable prescribing off label in this instance.

If you have any questions please feel free to contact my office.

Thank you

Janice Carter-fnp

State Street Immediate Medical Care
4902 W State St
Boise Idaho 83703
208-853-3100

June 23, 2009

Idaho Medicaid
3232 Elder St
Boise, ID 83705

To Whom It May Concern:

I am writing to request that Advair be put on a preferred status with Idaho Medicaid patients. In addition, the prior authorization causes much paperwork, time, and effort ultimately increasing health care cost in the long term.

Advair is proven to treat Asthma down to age 4 years unlike Symbicort which is only indicated down to 12 years of age. It is proven to reduce Exacerbations in COPD patients unlike many other drug choices. In addition, Advair offers a Diskus or a MDI delivery systems. Most of my patients prefer the Diskus.

As a result of the many benefits Advair offers, I am asking that you consider putting Advair on the preferred status and preferably without a prior authorization.

Thank You for your time and consideration.

A. Bous + PA-C

June 23, 2009

Idaho Medicaid
Attn: Bob Faller
3232 Elder St
Boise, ID 83705

To Whom It May Concern:

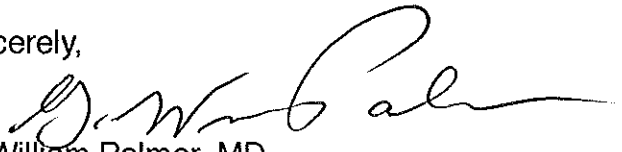
As a practicing asthma specialist, I wanted to convey two major concerns about the current Idaho Medicaid policy regarding asthma medications, namely the restrictions on combination therapy containing both an inhaled steroid and a long-acting beta agonist. Both concerns relate to Idaho Medicaid policy blatantly contradicting guidelines and policy from agencies of the federal government.

First, the most recent asthma treatment guidelines from the National Institutes of Health (NIH) from the fall of 2007 make it clear that in deciding upon asthma therapy, the clinician must first assess the patient's underlying asthma severity. If the patient has moderate to severe persistent asthma (defined by various criteria, such as daily symptoms or daily albuterol use), treatment should be **initiated** with combination therapy, NOT an inhaled steroid alone. And yet, Idaho Medicaid policy requires that patients first use an inhaled steroid alone, and fail that therapy, before combination therapy will be approved. The science behind the NIH guidelines is quite clear and compelling - moderate to severe persistent asthma is not adequately treated with inhaled steroids alone, and those patients will fail on monotherapy with increased risk for exacerbations and for ED visits and hospitalizations. Thus, the current Medicaid guidelines are a plan for failure and increased overall costs.

Second, once our moderate to severe persistent asthma patients have failed inhaled steroid monotherapy, the only approved combination product is Symbicort, including in the pediatric age group. Symbicort is a very good medicine; however, the Food and Drug Administration has only approved it for ages 12 and above. Thus, Idaho Medicaid is asking us to prescribe a drug off-label. This is inappropriate in and of itself, but also places us (and Idaho Medicaid) at legal risk. Idaho is the only state employing this incomprehensible formulary. The other combination product is Advair, which, in the Diskus formulation, is approved down to four years of age, and therefore the appropriate choice in this age group. Of course, there is always a concern anytime a formulary limits us to one treatment option. Anyone who treats the more difficult adult asthma patients recognizes the need to have both Symbicort and Advair available, as not all patients respond equally to these medicines.

I would request an immediate change in your policy regarding both of these important issues, so I do not need to tell my patients that Medicaid is putting perceived (but artificial) cost savings ahead of patients' health and safety by ignoring nationally recognized guidelines and regulations.

Sincerely,



G. William Palmer, MD
American Board of Allergy and Immunology
American Board of Internal Medicine
Fellow, American Academy of Asthma, Allergy, and Clinical Immunology
Boise Valley Asthma and Allergy Clinic

MEDICAP PHARMACY®

2790 West Cherry Lane
Meridian, ID 83642
Phone: 208-288-1496
Fax: 208-288-1812

To Whom It May Concern:

I am writing regarding the prior authorization presently needed for Advair. It is my hopes that Idaho Medicaid will reconsider the blocked access to this medication and make it a formulary medication to benefit those whom need the services of Medicaid for their healthcare.

I am pleased to do my best to service those on Idaho Medicaid; however, I feel that this medication has some how been left off of the Medicaid formulary as it presently requires a time consuming prior authorization before the patient can receive the maintenance benefits of this medication. I feel better when my patients quickly and seamlessly receive the medication that their doctor has prescribed for them. I feel terrible when I must tell them that they may have to wait 2 to 3 days before we know whether or not they can even receive the health benefits of the med their doctor wants them to have. I feel that Advair plays an important role in helping those with Asthma and COPD in maintaining their airway by the dual effect of the low dose steroid, in decreasing airway inflammation, and the long acting bronchodilator, opening the airway. I have seen many patients who use this product on a maintenance basis breathing easier and having fewer exacerbations in their breathing health. The present prior authorization is cumbersome and eats up many hours of productive labor between the three entities, Medicaid, doctor's offices, and pharmacies.

I feel that Advair is a great medication for its indications. I have had many patients benefit from it. I hate to see my patients suffer because they must wait for a prior authorization and I hate to burden the doctors and Medicaid for its use, when I do not see it being misprescribed. Please remove the prior-authorization for Advair. I think it is in the best interest for all, the patient, Medicaid, the physicians, and the pharmacies.

Thank you,

Devin R Trone, Pharm.D

208-571-6434 cell

Boise Valley
Asthma & Allergy
Clinic

John D. Jeppson, M.D.
Michael V. Keiley, M.D.
G. William Palmer, M.D.
Heidi Peters, FNP

Physicians are Diplomats of the
American Board of Allergy
and Immunology

June 1st, 2009

Medicaid P & T Committee
Attn. Bob Faller
3232 Elder Rd
Boise, ID 83705

Re: Prior authorization for Advair, Flovent and Nasonex

To Whom it May Concern:

I am a healthcare provider that treats primarily allergic rhinitis and asthma in adults and children. I have been working at Boise Valley Asthma & Allergy for ten years and have relied on Advair, Flovent and Nasonex quite heavily and have found that the patient's satisfaction of asthma and allergy's level of control with these medications are very good. I would like to have them, if possible, removed from the prior authorization list and put on the regular list for use due to the effectiveness and patient satisfaction of these medications. I would like to be there in person to tell you in person how important those drugs are to my practice but I am working that day and the other health care providers are out of town. We all share the same view regarding Advair, Flovent and Nasonex. If you have any questions or comments, you may contact me at my office, 378-0080.

Sincerely,

Heidi Peters FNP

Heidi Peters, FNP
Boise Valley Asthma & Allergy Clinic
901 N. Curtis Rd. #100
Boise, ID 83706

901 North Curtis Road
Suite 100
Boise, Idaho 83706
208 378 0080
fax 208 378 0259

2320 E. Gala, Suite 500
Meridian, Idaho 83642
208 888 6587

Sonshine Family Health Clinic, LLC
Tamara F. Bethel, FNP-BC
2308 N. Cole Rd., Suite H
Boise, ID 83704
208-375-8806

July 7, 2009

Idaho Medicaid
C/O Bob Fuller
3232 Elder St.
Boise, ID 83705

Dear Mr. Fuller:

I am writing to request that Idaho Medicaid consider placing Advair Discus on their formulary. I have several asthmatics in my practice that are currently on Azmacort and Albuterol. It is inconvenient for them to use Azmacort several times daily. The teenagers in my practice that are using the azmacort are less likely to use it during school times, which then means their asthma is not as well controlled as it could be. The twice daily dosing of Advair is much easier for them to use as they don't have to carry it with them and don't have to use it in front of their peers.

Please consider Advair for the Medicaid formulary.

Thank-you,

Tamara F. Bethel, FNP-BC

Tamara F. Bethel, FNP-BC

IDAHO ALLERGY AND ASTHMA CLINIC
Wendell Eugene Petty, M.D.
250 South Skyline Suite No. 3
Idaho Falls, Idaho 83402
(208) 529-9292

JUNE 30, 2009

TO: STATE OF IDAHO, DIVISION OF MEDICAID

RE: ADVAIR VS. SYMBICORT

I WAS SURPRISED AND CONCERNED WHEN I RECEIVED THE LATEST "PRIOR AUTHORIZATION" UPDATE FOR ADVAIR-SYMBICORT. I PRESUME SYMBICORT OFFERED SOME KIND OF COST ADVANTAGE TO TRUMP ADVAIR'S YEARS OF PATIENT ADVANTAGE.

IN MY 30-PLUS YEARS OF TREATING ASTHMA PATIENTS, THE PAST NINE HAVE BEEN THE MOST FULFILLING AS ADVAIR HAS OPENED THE DOOR TO THE REALITY OF ASTHMA CONTROL AND IMPROVED QUALITY OF LIFE. ADVAIR NOT ONLY KEEPS MY PATIENTS HAPPY, IT ALSO KEEPS THEM OUT OF THE HOSPITAL!

HAVING THE STATE OF IDAHO CLOSE THE DOOR TO ADVAIR FOR MEDICAID PATIENTS BY REQUIRING A FAILURE ON SYMBICORT IS PUZZLING TO ME. SYMBICORT HAS HELPED SOME OF MY PATIENTS BUT I WOULD LIKE TO HAVE THE AGENCY TO DETERMINE WHO I PUT ON ADVAIR AND WHO I PUT ON SYMBICORT.

ONE CONCERN ABOUT SYMBICORT IS THAT THE MAXIMUM RECOMMENDED DOSE IS 320 MCG B.I.D., WHICH IS 36% LESS THAT THE 500 MCG B.I.D. DOSE OF ADVAIR. I HAVE SEVERAL PATIENTS WHO REQUIRE ADVAIR 500/50 B.I.D. FOR CONTROL OF THEIR ASTHMA. A PATIENT, IN FOR FOLLOW-UP TODAY, HAD BEEN WEANED OFF YEARS OF DAILY PREDNISONE AND FINALLY HIS ASTHMA WAS WELL CONTROLLED ON ADVAIR 500/50. HIS PHYSICIAN RETIRED AND THE PATIENT WAS UNSURE OF HIS ADVAIR STRENGTH, SO A NEW PHYSICIAN PUT HIM ON ADVAIR 250/50. HIS ASTHMA SLOWLY INCREASED UNTIL HE SWITCHED BACK TO ADVAIR 500/50. MANY PATIENTS PREFER THE POWDER FORMULATION TO THE MDI FORMAT. IT IS HARD TO MISUSE THE ADVAIR DISKUS, BUT THERE ARE MANY WAYS TO MISUSE OR MIS-TIME INHALATION OF AN MDI.

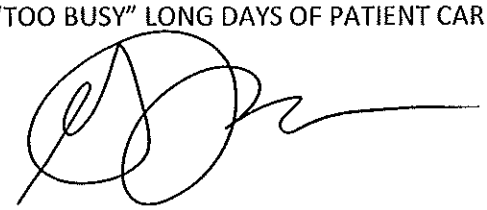
A SECOND CONCERN IS THAT PRIMARY CARE PHYSICIANS INSPECTING THE NEW PRE-AUTH FORM CANNOT READILY DECIPHER THAT A PATIENT ON ADVAIR DOES NOT HAVE TO SWITCH TO SYMBICORT. THIS HAS BEEN BORN OUT THE PAST TWO WEEKS AS I HAD A PATIENT REFERRED FROM AN INTERNIST, NOT A PRIMARY CARE PHYSICIAN, WHO SWITCHED A PATIENT FROM ADVAIR 500/50 TO SYMBICORT 160/4.5, TELLING HER THE NEW MEDICAID FORM REQUIRED IT. SHE CAME IN FOR SKIN TESTING, PLEADING TO BE SWITCHED BACK TO ADVAIR AS HER ASTHMA WAS OUT OF CONTROL. THIS CONCERN

WAS CONFIRMED WITH HER PFT NUMBERS WHICH WERE 37-67% OF PREDICTED IN SPITE OF TAKING 2 PUFFS OF HER SYMBICORT THAT MORNING. I HAD HER DO AN INHALATION OF ADVAIR 500/50. NINETY MINUTES LATER, AFTER SKIN TESTING, HER PFT HAD INCREASED 18-53%. I FILLED OUT THE PAPERWORK REQUESTING A RE-PREAUTHORIZATION FOR HER ADVAIR. MY REQUEST WAS APPROVED BUT SHOULD NOT HAVE BEEN NEEDED. HER SON WAS SWITCHED FROM ADVAIR 250/50 TO SYMBICORT BY A LOCAL PEDIATRICIAN FOR THE SAME REASON AND SHE REPORTS HE IS NOT DOING AS WELL.

I WOULD REQUEST THAT ADVAIR AND SYMBICORT BE ASSIGNED A CO-PREFERRED STATUS. HAVING "NONPREFERRED AGENT" OVER ADVAIR ON THE PRE-AUTH FORM IS A DISSERVICE TO OUR MEDICAID PATIENTS, AND UNFAIR TO THE VARIABILITY OF PATIENT RESPONSE TO MEDICATIONS.

PUTTING ROAD BLOCKS IN AN ASTHMA PATIENT'S HIGHWAY TO CONTROL IS UNFAIR TO THEM AND IN THE LONG RUN INCREASES THE COST OF CARE AS THEY ARE FORCED TO INCREASE VISITS TO EMERGENCY ROOMS AND INCUR HOSPITILIZATIONS.

MY PREFERRED SOLUTION WOULD BE TO MAKE BOTH ADVAIR AND SYMBICORT PREFERRED MEDICATIONS WITHOUT THE NEED FOR PRE-AUTHORIZATION. ALL PHYSICIANS COULD THEN ENHANCE ASTHMA CONTROL WITHOUT THE BURDEN OF PRE-AUTHORIZATION PAPERWORK IN OUR ALREADY "TOO BUSY" LONG DAYS OF PATIENT CARE.



WENDELL E. PETTY, M.D.
IDAHO ALLERGY AND ASTHMA CLINIC

SOUTHWEST IDAHO
ENT
Ear Nose and Throat, P.A.

900 N. Liberty Street, Suite 400
Boise, Idaho 83704
(208) 367-3320 • Fax (208) 367-7474

Otolaryngology/Head and Neck Surgery
Jill C. Beck, M.D., F.A.C.S.
Eric T. Garner, M.D.
Arthur C. Jones III, M.D., F.A.C.S.
Jonathan M. Owens, M.D.
Todd J. Rustad, M.D.
Matthew B. Schwarz, M.D.
Ryan Van De Graaff, M.D.

Audiology
S. Dean Harmer, Ph.D
Spencer Cheshire, Au.D
Shalise Adams, Au.D

June 22, 2009

Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, ID 83705

To Whom It May Concern:

I am an otolaryngologist in Boise, Idaho. I am writing this letter in support of Patanase being added to your Preferred Drug List. Topical nasal antihistamines play an important role in the treatment of allergic rhinitis. Since Patanase has been introduced to the market, I have had quite a bit of experience with this drug. It is very efficacious in treating allergic rhinitis. In addition its side effect profile is significantly better than the other intranasal antihistamines on the market. I have found that my patients tolerate this medication better with improved compliance secondary to less taste and less risk of sedation than its competitors in the same drug class. It is for these reasons, that I ask you to add Patanase to your Preferred Drug List.

If I can be of any further assistance, please feel free to contact me.

Sincerely,

Ryan Van De Graaff, MD

Boise Valley
Asthma & Allergy
Clinic

John D. Jeppson, M.D.
Michael V. Keiley, M.D.
G. William Palmer, M.D.
Heidi Peters, FNP

Physicians are Diplomats of the
American Board of Allergy
and Immunology

June 5, 2009

Pharmacy and Therapeutics Committee
Attention: Robert Fouler
3232 Elder St.
Boise, ID 83705

Dear Pharmacy Committee:

I am writing again to ask that you consider adding Patanase to the Medicaid formulary. As you know it is a topical antihistamine and is similar in most respects to I think Astelin or Astepro, both of which are good medications. However, the adverse taste with those nose sprays makes it difficult for some patients to tolerate it and we would certainly appreciate having Patanase as an option. We have had quite a bit of success with it in our practice over the last year. We would appreciate your help in this matter.

Sincerely,

JOHN D. JEPPSON, M.D.
Adult & Pediatric Allergy & Asthma

JDJ/slj

DICTATED BUT NOT REVIEWED BY DOCTOR

901 North Curtis Road
Suite 100
Boise, Idaho 83706
208 378 0080
fax 208 378 0259

2320 E. Gala, Suite 500
Meridian, Idaho 83642
208 888 6587

SALTZER
MEDICAL GROUP
215 E. Hawaii Ave. • Nampa, Idaho 83686 • (208) 463-3000

June 11, 2009

Mr. Robert Faller
Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, Idaho 83705

Dear Mr. Faller,

Please consider the addition of the new nasal antihistamine Patanase as a preferred agent on the new Medicaid formulary. As you are aware, this is a very efficacious nasal antihistamine, with minimal side effects. I have personally noted increased compliance over Astelin due to the decreased bitter taste. I have noted an improvement in this medication versus nasal steroids, as well.

Thank you for considering my request that Patanase be added to the Medicaid formulary as a preferred agent. If you have any questions or concerns, please feel free to contact me at my office at (208) 884-2980.

Sincerely,

Thomas F. Douthit, PA-C
To
Don J. Beasley, M.D., F.A.C.S.
ENT Specialty

TFD/sd

July 1st, 2009

Dear Dr. Faller:

I would like voice my support for the Patanase Nasal Antihistamine Spray. I know that this drug is being considered for the formulary. My current choice is limited to Astelin or Astepro. I believe that I have found that Patanase is better tolerated by the patients and therefore are more compliant. It is also my understanding that commercially this product is less expensive. If the department is contracting, I'm sure that a good price could be derived and I would speak strongly in support of adding Patanase as a choice.

Sincerely,

H. Peter Doble, II, M.D., F. A.C.S.

HPD/nm

SOUTHWEST IDAHO
ENT
Ear Nose and Throat, P.A.

900 N. Liberty Street, Suite 400
Boise, Idaho 83704
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Matthew B. Schwarz, M.D.
Ryan Van De Graaff, M.D.

Audiology
S. Dean Harmer, Ph.D
Spencer Cheshire, Au.D
Shalise Adams, Au.D

July 1, 2009

Pharmacy and Therapeutics Committee
ATT: Robert Faller
3232 Elder St.
Boise, ID 83705

Dear Mr. Faller:

I am writing to request that Patanase be added to the preferred drug list as my patients have demonstrated excellent clinical benefit from this in terms of allergy control and secondary sinus and ear infections and the compliance has been much greater than with the current medications which are on the drug list. The compliance with those has been poor and, subsequently, I feel that more children have required surgical intervention for chronic middle ear effusions. I think it would be helpful to have these options and very beneficial to the patients.

Thank you for your consideration and please feel free to contact me if you have any questions or concerns about this request.

Sincerely,

Jill Beck, M.D.
Pediatric Otolaryngology

Emmett Medical Center
1102 East Locust, Emmett, Idaho 83617

Phone (208) 365-6004
Fax (208) 365-3589

James F. Thomson, M.D.
Shannon D. Schantz, M.D.
William H. Vetter, M.D.
David M. Shuey II, PA-C

June 3, 2009

Idaho Medicaid
3232 Elder Street
Boise, ID 83705

Dear Idaho Medicaid:

Veramyst nasal spray is for review. Recommend to continue on the medicaid formulary as it has been effective in controlling people's sinus complaints as well as allergy complaints. This is well tolerated especially with younger patients down to age two.

Thank you for your consideration.

Sincerely,

David M. Shuey, II PA-C

DMS/Ack

DMS 0617

pc: patient file

Saint Alphonsus
EXPRESS Care

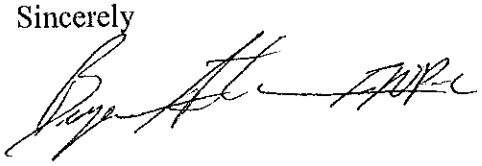
June 8, 2009

To Whom It May Concern:

I would like to have Veramyst remain as a preferred medication on your formulary for multiple reasons. The biggest reason being is its ease of use the patient. Also it works faster than all other medications in its class. For these reasons I get a higher percentage of patients adhering to their treatments plans. It is a fantastic medication used for allergies with very low side effect profile.

Thank you for considering my recommendation

Sincerely



Bryce Aitken FNP-c

1070 N. Curtis Rd., Ste. 250
Boise, Idaho 83706-1238
Phone: (208) 367-7264 | Fax: (208) 367-4579
www.ExpressCareIdaho.com

Faller, Robert B. - Medicaid

From: Bartschi Terrell [Terrell.Bartschi@HCAHealthcare.com]
Sent: Monday, July 06, 2009 1:19 PM
To: Faller, Robert B. - Medicaid
Subject: Levaquin

6 July 09

ROBERT FALLERR COMMITTEE

Dear Mr. Fallerr,

We at Eastern Idaho RMC in Idaho Falls are concerned about the formulary status of Levaquin. Granted that generic Cipro and Avelox are good choices for outpatient therapy, we do have a significant population that has a Pseudomonas risk. Like most of the state, our preferred quinolone is Levaquin. We prefer the coverage and once a day dosing of the IV formulation.

We feel that it will negatively impact care to switch therapy in mid-stride from Levaquin to another quinolone. Where a majority of bacteria will be covered for the full 7- 10 days, some bacteria at the fringes will only be covered for 3- 4 days with the possibility of increasing resistance. Additionally, we feel that patients may become confused with dual therapy – different medication appearance, once a day vs. twice a day possibly increasing non-compliance, etc.

We realize cost is always a significant issue and would hope OrthoMcneil could help in this arena, but the problems we mentioned could well override the cost issue in the end.

Thank you for your time,

Terrell Bartschi, Rph. Director of Pharmacy

Clint Rohner, Pharm. D., Pharmacy Clinical Coordinator

Terrell E. Bartschi
PHONE (208) 535-4795
FAX (208) 529-7015